

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		9/30/00
O.I.P.E. CLASSIFIER	<i>[Signature]</i>		10/6/00
FORMALITY REVIEW	<i>[Signature]</i>	5C111	11-01-00
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	907	3-28-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	9/30/00
2	✓	✓	10/6/00
3	✓	✓	10/6/00
4	✓	✓	10/6/00
5	✓	✓	10/6/00
6	✓	✓	10/6/00
7	✓	✓	10/6/00
8	✓	✓	10/6/00
9	✓	✓	10/6/00
10	✓	✓	10/6/00
11	✓	✓	10/6/00
12	✓	✓	10/6/00
13	✓	✓	10/6/00
14	✓	✓	10/6/00
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If more than 150 claims or 10 actions
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